

CRITERIA FOR PRIOR AUTHORIZATION

Otezla® (apremilast)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Otezla (apremilast)

CRITERIA FOR PSORIATIC ARTHRITIS (PsA) Must meet all of the following:

- Patient must have a diagnosis of active psoriatic arthritis
- Must be prescribed by a rheumatologist or dermatologist
- Patient must be 18 years of age or older

CRITERIA FOR PLAQUE PSORIASIS Must meet all of the following:

- Patient must have a diagnosis of moderate to severe plaque psoriasis
- Must be prescribed by a rheumatologist or dermatologist
- Patient must be 18 years of age or older

LENGTH OF APPROVAL 12 months